

DECLARATION AND POWER OF ATTORNEY

USA/PCT

As a below named inventor, I hereby declare that:

Number	PRIOR FOREIGN APPLICATION(S)		PRIORITY CLAIMED	CERTIFIED COPIES INCL
	Country or PCT	Day/Month/Year Filed		

Additional claims for benefit are attached.

(f) I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below, or under 35 U.S.C. §120 of any United States application(s), or under § 365(c) of any PCT international application designating the United States of America listed below:

US or PCT Appln. Serial No.
60/160,019

Filing Date
October 18, 196

Status at Application Filing Date
Abandoned

Additional claims for benefit are attached.

I hereby appoint the attorney(s) and/or agent(s) at the following Customer No. to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Address all correspondence to The Dow Chemical Company's appointed counsel at:



This appointment, including the right to delegate this appointment, shall also apply to the same extent it is applicable under the laws of the United States of America to any proceedings established by the Patent Cooperation Treaty.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor(s):

At: Freeport, Texas 77541, USA
this 25 day of November, 2000

At: _____
this _____ day of _____, 20____

1-00 Signature: R. Keith Frank
Full Name: R. Keith Frank
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Lake Jackson, Texas 77566 TX
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Citizenship: United States of America
P. O. Address: Same as Residence

Signature: _____
Full Name: _____
Residence: _____

At: _____, 20

At: _____
this _____ day of _____, 20____

Signature: _____
Full Name: _____
Residence: _____

Signature: _____
Full Name: _____
Residence: _____

Country:
Citizenship:
P.O. Address:

Country:
Citizenship:
P.O. Address:

Additional names and signatures are attached.